

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/576884

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/				
3		2		/			53		3				
4		0		/			54		0				
5		0		/			55		0				
6		0		/			56		0				
7		0		/			57		0				
8		0		/			58		0				
9		0		/			59		0				
10		0		/			60		0				
11		0		/			61		0				
12		0		/			62		0				
13		0		/			63		0				
14		0		/			64		0				
15		0		/			65		0				
16		0		/			66		0				
17		0		/			67		0				
18		0		/			68		0				
19		0		/			69		0				
20	/			/			70		0				
21		0		/			71		0				
22		0		/			72		0				
23		0		/			73		0				
24		0		/			74		0				
25		0		/			75		0				
26		0		/			76		0				
27		0		/			77		0				
28		0		/			78		0				
29		0		/			79		0				
30		0		/			80						
31		0		/			81						
32		0		/			82						
33		0		/			83						
34		0		/			84						
35		0		/			85						
36		0		/			86						
37		0		/			87						
38		0		/			88						
39		0		/			89						
40		0		/			90						
41		0		/			91						
42		0		/			92						
43		0		/			93						
44		0		/			94						
45		0		/			95						
46		0		/			96						
47		0		/			97						
48	/		/				98						
49	/		/				99						
50	/		/				100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	146	←		←
TOTAL CLAIMS							TOTAL CLAIMS			50			